

# **RYAN WHITE SPECIALTY POOLS**

## **HIV & AIDS TREATMENT EXTENSION ACT**



# **HANDBOOK**

## **2011-2012**

*Administrator Contractor*



**COMMUNITY CLINICS  
HEALTH NETWORK**  
A Service Organization

*Subsidiary of*



**COUNCIL OF  
COMMUNITY CLINICS**

619.542.4308 619.718.9870 (FAX) [www.cchealthnetwork.org](http://www.cchealthnetwork.org)

Mailing Address: P.O. 880969 San Diego, CA 92168-0969

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**RYAN WHITE**

**HIV & AIDS TREATMENT  
EXTENSION ACT**

**SPECIALTY POOLS  
HANDBOOK**



619.542.4308 619.718.9870 (FAX) [www.cchealthnetwork.org](http://www.cchealthnetwork.org)  
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# RYAN WHITE SPECIALTY POOLS HANDBOOK

The Community Clinics Health Network (CCHN) contracts with the San Diego County Health & Human Services Agency HIV STD & Hepatitis Branch to administer the Ryan White Specialty Pools. The Ryan White Specialty Pools were developed to provide specialty care services to HIV-positive individuals who have no other source to cover expenses for these services.

## SPECIALTY POOLS

Address those specialty treatment services NOT covered by the Primary Care Program

## SERVICE IS AVAILABLE FROM THE FOLLOWING POOLS

1. Medical Specialty Pool
2. Dental Specialty Pool
3. Home Health/Hospice Pool

There is one authorization request form for the Medical Specialty Pool and the Home Health/Hospice Pool, and a separate request form for the Dental Specialty Pool.

## PROCEDURE

1. Determine the patient with specialty service needs is eligible for Ryan White Program.
2. Based on the type of specialty care needed, select an appropriate specialist from the lists on pages 7-9, 12 or 15 of this Handbook.
3. Complete either the Specialty Pools Authorization Request (for Medical or Home Health & Hospice services) or the Authorization Request – Dental Specialty Pool. See page 3 for information on correctly completing authorization requests. Use the information from step 2 above to complete the Specialty Provider information items on the form.

## REQUESTS MAY BE SUBMITTED BY

- Ryan White Primary Care Clinic Staff
- Specialty Providers
- Case Managers

**FAX REQUESTS TO  
619-718-9870**

**All authorization requests received by CCHN are approved, denied or determined to be incomplete and faxed back to the requesting clinic within 2 business days.**

## IF THE REQUEST IS

- **Approved** The requesting clinic is responsible for contacting the specialty provider to schedule an appointment and to provide them with the approved authorization information, including authorization number.
- **Denied** Except for dental, all services must be HIV-related. In addition, see the Exclusions (on page 2) for services not covered by the specialty pools. If you would like more information about a request denial, call the Ryan White Specialty Pools at 619-542-4308.
- **Incomplete** Along with the returned request will be an explanation of what information is missing and needed. Once the missing information is provided, the request will be reviewed again to determine if it can be approved. This additional review will happen within two business days.



# RYAN WHITE SPECIALTY POOLS HANDBOOK

- Approved requests are good for 90 days from the date of authorization. Services must be provided within this timeframe.
- After services are delivered, the specialty provider will mail a claim with the correct authorization number on it to CCHN. See page 4 for additional information on claims.

## ELIGIBILITY

- It is the responsibility of the referring agency to screen the patient for eligibility.
- In order to access Ryan White Primary Care Program services an individual must:
  - Have a positive HIV serology
  - Be currently enrolled in the Ryan White Primary Care Program
  - Not have other health coverage (e.g. MediCal, LIHP) for specialty pools services covered by this program.
    - Clients who are not Ryan White-eligible because of other coverage may apply to the Specialty Pools for a specific service not covered by the client's primary insurance. Requests for such service, not covered by the client's insurance, should be submitted on a standard Authorization Request form. These requests will be considered on a case-by-case basis.

## EXCLUSIONS

### Services Not Covered

- Emergency Room Services
- In-Patient Hospital Services
- Cosmetic Services
- Experimental Services
- Primary Care Services
- HIV Resistance Testing



**FOR HELP PLEASE CALL**

**619-542-4308**

# RYAN WHITE SPECIALTY POOLS HANDBOOK

## AUTHORIZATIONS

- All services must be pre-authorized to receive payment.
  - **Please Fax Request Forms to 619.718.9870**
  - All medical and dental services must include the appropriate CPT or CDT-4 code.
- The client must sign **each** request.
  - Authorizations are valid for 90 days from the date issued.
  - Include your fax number so the response can be returned to you.
  - Claims for service rendered must be received within 60 days of the date of the service.

CCHN FAX Number

**619.718.9870**

**The authorization request must be legibly and completely filled out.**

### **CONSUMER**

Last Name, First Name, & Middle Initial

### **DATE OF BIRTH**

Month, Day, Year

### **SSN**

### **WHEN THERE IS NO SSN, USE:**

First 3 digits = 999; Remaining 6 Digits = Use the Month, Day, and Year (Last 2 Digits) of the Patient's Birth Date. For Example: Patient has a birth date of July 2, 1956; so the ID # would be 999-07-0256

### **ADDRESS**

Provide at Least the Zip Code

### **PHONE**

Where the patient can be reached for scheduling appointments

### **GENDER**

### **MOTHER'S MAIDEN NAME**

### **CONSUMER'S SIGNATURE**

Each request must be signed "Signature on File" isn't acceptable

### **SPECIALTY PROGRAM POOL**

Indicate which pool is appropriate.

### **CPT CODE (FOR MEDICAL)**

Refer to the CPT Manual for the current year

### **CDT-4 CODE (FOR DENTAL)**

Refer to the CDT-4 Manual for the current year

### **DESCRIPTION**

What service is being requested?

### **WORKING DIAGNOSIS**

Required

### **IS THIS HIV RELATED?**

If answer is "Possibly\*" = A Utilization Review is Required

### **URGENCY**

Options with "\*" = Utilization Review is Required

### **EXPLANATION RELATION TO HIV**

Brief Explanation is Required

### **SPECIALTY PROVIDER**

Select From List of Contracted Providers

### **ADDRESS, PHONE, FAX**

### **REFERRING CLINIC**

Clinic where the patient was seen

### **ADDRESS, PHONE, FAX**

Fax # of requesting provider enables the response to be returned

### **ELIGIBILITY SCREENING**

Current Eligibility must be on the record at United Healthcare



# RYAN WHITE SPECIALTY POOLS HANDBOOK

## CLAIMS PROCESSING

Only pre-authorized services will be considered for payment.

Service authorizations are  
valid for **90 days** from the date issued.

The authorized service must be provided within that period.

Claims for the authorized service must be  
received within **60 days** of the date of service  
at the Community Clinics Health Network.

**No payment will be issued for service  
exceeding these limits.**

### MAIL CLAIMS for AUTHORIZED SERVICES

**Community Clinics Health Network  
Attn: Claims Department  
P.O. Box 880969  
San Diego, CA 92168-0969**



# RYAN WHITE SPECIALTY POOLS HANDBOOK

## The Medical Specialty Pool

is intended to pay for medically necessary, HIV-related, diagnostic, consultative, and therapeutic specialty outpatient services.

### The Following Services Are NOT Covered

Emergency Room Services  
In-Patient Hospital Services  
Cosmetic Services  
Experimental Services  
Primary Care Services  
HIV Resistance Testing

Intravenous (IV) medications, NOT covered by another funding source, that are to be administered in a clinical setting (i.e. UCSD Infusion Center) can be covered by the Medical Specialty Pool. Associated services and supplies for administration of the IV medications are also covered.

TIER	HIV-RELATED	URGENCY	CLINIC UTILIZATION REVIEW REQUIRED
1	Definitely	Today	NO
1	Definitely	Within 1 Week	NO
1	Definitely	Within 2 Weeks	NO
2	Definitely	Within 3-12 Weeks	YES
2	Possibly	Any Time Frame	YES

Requests are rated either Tier 1 or Tier 2 depending on relation to HIV and urgency.

The question "*Is this request HIV-related?*" must be answered.

**Requests requiring Utilization Review will be returned to the party making the request unless the name of the reviewer has been given with the review date.**

List of Frequently Requested CPT Codes (Page 6)

List of Contracted Specialty Providers (Pages 7-9)

Sample Authorization Request (Page 10)

Authorization form for Medical Services (Page 29)



# RYAN WHITE SPECIALTY POOLS HANDBOOK

## MEDICAL SPECIALTY POOL Frequently Used CPT Codes

### CPT CODE DESCRIPTION

11100	Biopsy of skin
17000	Destruction of lesion, skin, first lesion
17003	Destruction of lesion, skin, 2-14
31624	Bronchoscopy, w/ alveolar lavage
45330	Sigmoidoscopy
45378	Colonoscopy, with or without collection of specimens
45380	Colonoscopy, with biopsy, single or multiple
46220	Papillectomy, skin tag
46275	Surgical treatment, anal fistula
46600	Anoscopy
46900	Destruction of lesions, anus
46910	Destruction of lesions, anus, electrodesiccation
46922	Destruction of lesions, anus, surgical excision
46924	Destruction of lesions, anus, extensive
57454	Colposcopy w. biopsy
65730	Keratoplasty, penetrating
70450	CAT scan, head or brain, without contrast
70553	MRI, brain, with/without contrast
71250	CAT scan, thorax, without contrast
71260	CAT scan, thorax, with contrast
72192	CAT scan, pelvis, without contrast
74160	CAT scan, abdomen with contrast
74170	CAT scan, abdomen with/without contrast
74183	MRI, abdomen
76360	CAT scan guide for needle biopsy
76645	Ultrasound, breasts
76700	Ultrasound, abdomen
76705	Ultrasound, abdomen, limited, single organ or quadrant
76770	Ultrasound, kidneys
76942	Ultrasonic guidance for needle placement
92225	Ophthalmoscopy, initial
92226	Ophthalmoscopy, subsequent
92250	Fundus photography
93307	Echocardiography
95860	EMG, one extremity
95900	Nerve conduction
95903	EMG, motor, F wave
95904	EMG, sensory
99213	Office visit, follow-up
99243	Office consultation

# RYAN WHITE SPECIALTY POOLS HANDBOOK

## PARTICIPATING MEDICAL SPECIALISTS

### CARDIOLOGY

**Jerrrold Glassman, MD**

4060 Fourth Avenue, Suite #650

San Diego, CA 92103

Tele: 619-819-7222

Fax: 619-299-5023

### DERMATOLOGY

**Eric Gerstenfeld, MD**

4060 Fourth Avenue, Suite 415

San Diego, CA 92103

Tele: 619-298-9809

Fax: 619-298-9823

**Patricia Speelman, MD**

3629 Vista Way

Oceanside, CA 92056

Tele: 760-724-7171

### GASTROENTEROLOGY

**San Diego Gastroenterology  
Medical Association****Robert M. Epstein, MD**

4060 Fourth Avenue, Suite 240

San Diego, CA 92103

Tele: 619-291-6064

Fax: 619-291-3078

**Michael Goldhamer, MD**

4033 Third Avenue, Suite 300

San Diego, CA 92103

Tele: 619-299-2570 X257

Fax: 619-299-2216

**Mark Johnson, MD**

480 Fourth Avenue, Suite 506

Chula Vista, CA 91910

Tele: 619-585-0313

Fax: 619-585-0037

### EAR, NOSE, & THROAT

None at this time; refer to UCSD

### NEUROLOGY

None at this time; refer to UCSD

### OPHTHALMOLOGY

**Chris J. Gualtieri, MD**

3969 Fourth Avenue, Suite 301

San Diego, CA 92103

Tele: 619-688-2648

Fax: 619-688-2626

**Forrest P. Murphy, MD**

9834 Genessee Avenue, Suite 209

La Jolla, CA 92037

Tele: 858-457-2220

**Fane Robinson, MD**

550 Washington Street, Suite 723

San Diego, CA 92103

Tele: 619-299-1554

Fax: 619-299-0274

**Mark Smith, MD**

550 Washington Street, Suite 723

San Diego, CA 92103

Tele: 619-299-1554

Fax: 619-299-0274

**Michael Ibarra, MD**

550 Washington Street, Suite 723

San Diego, CA 92103

Tele: 619-299-1554

Fax: 619-243-5059

**Victor Wechter, MD**

1020 East Vista Way

Vista, CA 92084

Tele: 760-940-1700

Fax: 760-758-2037



# RYAN WHITE SPECIALTY POOLS HANDBOOK

## PARTICIPATING MEDICAL SPECIALISTS

### WEST COAST EYE CARE ASSOCIATES

*All referrals to any of the Eye Centers must be made through the Office Manager at the College Eye Center Office.*

*Please call **697-4600 X117** to schedule an appointment for a Ryan White patient.*

#### Alpine Eye Center

1347 Tavern Road,  
Suite 4  
Alpine, CA 91910  
619-445-2687

#### Chula Vista Eye Center

301 Third Avenue  
Chula Vista, CA 91910  
619-420-4330

#### Clairemont Eye Center

4344 Convoy Street  
Suite C-2  
San Diego, CA 92111  
619-565-8822

#### College Eye Center

6945 El Cajon Blvd  
San Diego, CA 92115  
619-697-4600

#### El Cajon Eye Center

1069 Graves  
El Cajon, CA 92021  
619-447-5055

#### Escondido Eye Center

698 West Valley Parkway  
Escondido, CA 92025  
760-743-5872

#### Hillcrest Eye Center

3689 Fourth Avenue  
San Diego, CA 92103  
619-299-0397

#### National City Eye Center

2220 Plaza Blvd.  
Suite H  
National City, CA 91950  
619-470-2700

#### Valley Eye Center

1662 East Main Street  
Suite 116  
El Cajon, CA 92021  
619-440-5400

### PATHOLOGY

#### Pathology Medical Laboratories

10788 Roselle Street  
San Diego, CA 92121  
Tele: 858-453-3141

#### San Diego Pathologist Medical Group

3350 Camino Del Rio North, Suite 106  
San Diego, CA 92108  
Tele: 619-283-1114

### USLABS

P.O. Box 79331  
City of Industry, CA 91716-9331  
Tele: 949-788-9190

### PROCTOLOGY

#### Dennis Mayer, MD

4033 Third Avenue, Suite 204  
San Diego, CA 92103  
Tele: 619-295-8677  
Fax: 619-295-7935  
\*also General Surgery

#### Mark Tapscott, DO

5555 Reservoir Drive, Suite 203  
San Diego, CA 92120  
Tele: 619-287-2590  
Fax: 619-287-2913

### RADIOLOGY

#### Imaging Healthcare Specialists

*Formerly Radiology Medical Group*  
3366 Fifth Avenue  
San Diego, CA 92103  
Tele: 619-849-9729



# RYAN WHITE SPECIALTY POOLS HANDBOOK

## PARTICIPATING MEDICAL SPECIALISTS

### FACILITIES

**Grossmont Hospital Corporation**

5555 Grossmont Center Drive  
La Mesa, CA 91942  
Tele: 619-465-0711

**Palomar Medical Center**

555 East Valley Parkway  
Escondido, CA 92025  
Tele: 760-739-3000

**Scripps Mercy Hospital**

4077 Fifth Avenue  
San Diego, CA 92103  
Tele: 619-260-7702

**Sharp Cabrillo Hospital**

3475 Kenyon Street  
San Diego, CA 92110  
Tele: 619-221-3400

**Sharp Chula Vista Medical Center**

751 Medical Center Court  
Chula Vista, CA 92010  
Tele: 619-482-5800

**Sharp Memorial Hospital**

7901 Frost Street  
San Diego, CA 92123  
Tele: 858-541-3400

**Tri City Medical Center**

4002 Vista Way  
Oceanside, CA 92056  
Tele: 760-724-8411

**San Diego Endoscopy Center**

4033 Third Avenue, Suite 106  
San Diego, CA 92103  
Tele: 619-497-2888

**UCSD Medical Center**

200 W. Arbor Street  
San Diego, CA 92103  
Tele: 619-5433006





# RYAN WHITE SPECIALTY POOLS HANDBOOK

## RYAN WHITE HIV/AIDS TREATMENT EXTENSION ACT SPECIALTY POOLS AUTHORIZATION REQUEST

All information must be completed and the form signed by both consumer and provider prior to authorization.  
Fax completed requests to (619) 718-9870. For assistance, call (619) 642-4308.

Consumer DOUGHERTY, John K Date of Birth 1-30-62 SSN 459-21-7683  
Last Name First Name MI

Gender: ☒ Male ☐ Female ☐ Transgender Mother's Maiden Name Smith

Address 91910 Phone 619-459-7683

I, the above-named consumer, consent to the release of personal and medical information, including my HIV/AIDS status, to the Community Clinics Health Network (a subsidiary of the Council of Community Clinics), designated specialty providers and other agencies as required to verify my eligibility for Ryan White HIV/AIDS Treatment Extension Act services.

Consumer's Signature [Signature] Date 4-1-10

SPECIALTY PROGRAM POOL: ☒ Medical ☐ Home Health & Hospice

### REQUESTED SERVICE(S)

Medical Pool requests must include the CPT code(s); Home Health & Hospice Pool requests must specify the number of visits or hours by type of service.

CPT Code	Description	Authorization Number* (CCHN Use Only)
99243	Consult	

\*Authorization Numbers expire 90 days after the approval date. EXPIRATION DATE: \_\_\_\_\_

Working diagnosis for request: (ICD-9 Code/s) 076.11

Is this request HIV-related? ☐ Definitely ☒ Possibly ☐ Not related

What is the urgency for this service? ☐ Today ☐ Within 1 week ☐ Within 2 weeks ☒ Within 3-12 weeks\* ☐ Later\*

\*For requests that are 'Possibly' HIV-related or the urgency is greater than 2 weeks:

Has this request been approved by the requesting clinic's Utilization Review Committee? ☐ Yes ☐ No

Reviewer Matthew Date 3-15-10

Explanation of relation to HIV Personal wait

Specialty Provider Mark A. Tapscott, DO Phone 619-287-2590 Fax 619-287-2913

Address \_\_\_\_\_

Referring Primary Clinic [Signature] Referring Physician [Signature]

Address 21st Street Phone 619-231-9300 Fax 619-595-2578

I confirm that I have verified that the above named patient is eligible to receive services under the Ryan White Primary Care Program.

Signature of Clinic Staff Completing Form [Signature] Print Name & Title \_\_\_\_\_

AUTHORIZATION STATUS ☐ Approved ☐ Denied ☐ 1 ☐ 2 ☐ 3

Date \_\_\_\_\_ Time \_\_\_\_\_ Staff \_\_\_\_\_

Community Clinics Health Network...P.O. Box 880969...San Diego, CA 92168-0969

Submit Claim within 60 days of date of service to this address.

# RYAN WHITE SPECIALTY POOLS HANDBOOK

## THE DENTAL SPECIALTY POOL

is intended to provide necessary dental specialty services for people living with HIV & AIDS who have no dental coverage or who have been denied coverage of a specific treatment through Medi-Cal or other payers.

## RESTRICTIONS

As of March 1, 2010 only the following procedures related to oral surgery are covered:

CDT-4 CODE	DESCRIPTION
D7111	Extraction, single tooth, uncomplicated
D7140	Extraction, erupted tooth or exposed root
D7210	Surgical removal erupted tooth
D7220	Remove impacted tooth - soft tissue
D7230	Remove impacted tooth - complete bony
D7240	Remove impacted tooth - unusual surgical Complication
D7250	Surgical removal residual tooth roots
D7260	Oroantral fistula closure
D7261	Primary closure of a sinus perforation
D7285	Biopsy of oral tissue - hard (bone, tooth)
D7286	Biopsy of oral tissue - soft
D7310	Alveoplasty with extractions - per quadrant
D7320	Alveoplasty (no extractions) - per quadrant
D7471	Removal of lateral exostosis (maxilla or mandible)
D7472	Removal of torus palatinus
D7473	Removal of torus mandibularis
D7510	Incision and drainage of abscess - intraoral tissue
D9310	Consultation
D0330	Panoramic film
D9220	General anesthesia - first 30 minutes
D9221	General anesthesia - each additional 15 minutes
D9241	Conscious sedation - first 30 minutes
D9242	Conscious sedation - each additional 15 minutes
D9248	Non-intravenous conscious sedation



LIST OF CONTRACTED SPECIALTY PROVIDERS (PAGE 12)  
SAMPLE AUTHORIZATION REQUEST (PAGE 13)  
AUTHORIZATION FORM FOR DENTAL SERVICES (PAGE 30)



# RYAN WHITE SPECIALTY POOLS HANDBOOK

## PARTICIPATING DENTAL SPECIALISTS

### ENDODONTIST

**Sean Daniels, DDS**

9750 Miramar Road #375  
San Diego, CA 92126  
TEL: 858-635-9569  
FAX: 858-635-6747

**Tom Massarat, DDS, MS**

2452 Fenton Street #303  
Chula Vista, CA 91914  
TEL: 619-621-5000  
FAX : 619-621-5053

### PERIODONTIST

**Blake Synowski, DMD**

266 Avocado Avenue #A  
El Cajon, CA 92020  
TEL: 619-440-2152  
FAX: 619-440-2693

**Edithann Graham, DMD, MS**

1806 Cable Street  
San Diego, CA 92107  
TEL: 619-226-4784  
FAX: 619-226-3027

### ORAL SURGEON

**Lester Machado, MD, DDS**

501 Washington Street #725  
San Diego, CA 92103  
TEL: 619-295-6774  
FAX: 619-295-6776

**Holly Hatt, DMD**

Pomerado Oral Surgery  
15725 Pomerado Road  
Suite #205  
Poway, CA 92064  
TEL: 858-451-0200  
FAX: 858-451-0250

**Stjepan Podstreleny, DDS**

Pomerado Oral Surgery  
15725 Pomerado Road  
Suite #205  
Poway, CA 92064  
TEL: 858-451-0200  
FAX: 858-451-0250

**Park Boulevard Oral Surgery**

4067 Park Boulevard  
San Diego, CA 92103  
TEL: 619-795-0154  
FAX: 619-795-0512



# RYAN WHITE SPECIALTY POOLS HANDBOOK

## RYAN WHITE HIV/AIDS TREATMENT EXTENSION ACT AUTHORIZATION REQUEST

### DENTAL SPECIALTY POOL

All information must be completed and the form signed by both consumer and provider prior to authorization.  
Fax completed requests to (619) 718-9870. For assistance, call (619) 542-4308.

Consumer HURT, Ichabod Date of Birth 5-2-74 SSN 123-45-668  
Last Name First Name MI

Gender: ☒ Male ☐ Female ☐ Transgender

Mother's Maiden Name Jones

Address 92103

Phone 619-516-7788

I, the above-named consumer, consent to the release of personal and medical information, including my HIV/AIDS status, to the Community Clinics Health Network (a subsidiary of the Council of Community Clinics), designated specialty providers and other agencies as required to verify my eligibility for Ryan White HIV/AIDS Treatment Extension Act services.

Consumer's Signature [Signature]

Date 4-1-10

REQUESTED DENTAL SPECIALTY SERVICE(S) – Dental Pool requests must include the CDT code(s) and must have tooth number(s) where indicated

CDT Code	Description	Authorization Number* (CCHN Use Only)
<u>9310</u>	<u>Consult</u>	
<u>0330</u>	<u>panoramic film</u>	

\*Authorization Numbers expire 90 days after the approval date. EXPIRATION DATE: \_\_\_\_\_

EXPLANATION OF NEED extract wisdom teeth #1, 16, 17, 32

Specialty Provider L. Machado, D.D.S.

Phone 619-295-6774 Fax 619-295-6776

Address \_\_\_\_\_

Referring Primary Clinic Hillcrest

Referring Dentist Savage

Address \_\_\_\_\_

Phone 619-2434 Fax 619-7590

I confirm that I have verified that the above named patient is eligible to receive services under the Ryan White Primary Care Program.

Signature of Clinic Staff Completing Form [Signature]

Print Name & Title \_\_\_\_\_

AUTHORIZATION STATUS ☒ Approved ☐ Denied ☐ 1 ☐ 2 ☐ 3

Date \_\_\_\_\_

Time \_\_\_\_\_

Staff \_\_\_\_\_



# RYAN WHITE SPECIALTY POOLS HANDBOOK

## HOME HEALTH / HOME HOSPICE

The **Home Health/Home Hospice** Pool is intended to provide home health care services, including end-of-life care, through existing non-profit agencies. Generally, the length and amount of services should be determined by an assessment done by an intake nurse or other authorized staff at the home health/home hospice agency and coordinated with the referring party (usually the patient's case manager). Requests should not exceed a total of \$2,500 per month. Authorizations are issued to cover one month at a time.

### SERVICES AVAILABLE

#### PROFESSIONAL CARE

**Skilled Nursing:** Care management, assessment, teaching & technical services by a RN

**Medical Social Worker:** Short-term crisis intervention, long-term planning including placements, counseling, resource information and community referrals.

**Physical Therapy:** Home exercises, rehabilitation assessments, teaching, muscle testing, and specialty treatment

**Occupational Therapy:** Assessment & teaching in rehabilitative areas of self care activities of daily living.

*\*Services are authorized by number of visits.*

#### PARA-PROFESSIONAL CARE

**Home Health Aide:** Personal care, light housekeeping and follow through in simple nursing and rehabilitation programs.

**Live-In Care:** Twenty-four hour a day personal care and light housekeeping on a short-term basis (up to two weeks) for crisis intervention or while placement is being arranged.

#### HOSPICE SERVICES

This covers room, board, nursing care, counseling, physician services and palliative therapeutics provided to clients in the terminal stages of illness.

#### INFUSION THERAPY

Includes medications to be administered intravenously at home that are not covered by another funding source. The pharmacy compounding and preparation of IV solutions to be administered in the home are also covered, as well as related supplies, equipment and delivery of prepared solutions.

#### MEDICAL EQUIPMENT

Durable medical equipment (DME) such as a cane or walker is allowed. Non-DME medical supplies such as dressings and colostomy supplies are allowed if obtained from a supplier of durable medical equipment. Other non-DME is not allowed.

**Sample Authorization Form (Page 16)**  
**List of Providers / Pharmacies (Page 15)**

# RYAN WHITE SPECIALTY POOLS HANDBOOK

## PARTICIPATING AGENCIES Home Health / Home Hospice

### **Accent Home Care**

7851 Mission Center Court  
#200  
San Diego, CA 92108  
858-299-4858 (o)

### **Preferred Home Care**

157 East Valley Parkway  
Suite 1A  
Escondido, CA 92025  
760-743-1471 (o)

### **San Diego Hospice**

4311 Third Avenue  
San Diego, CA 92103  
619-688-1600 (o)  
619-688-9733 (f)

### **Sharp Home Care**

8080 Dagget Street  
San Diego, CA 92111  
858-541-4850 (o)  
858-541-4802 (f)

### **Sharp HospiceCare**

881 Fletcher Parkway  
Suite 310  
La Mesa, CA 91942  
619-667-1900 (o)  
619-667-1970 (f)

### **Park Boulevard Pharmacy**

3904 Park Boulevard  
San Diego, CA 92103  
619-295-4821 (o)  
619-295-6478 (f)

### **Priority Pharmacy**

3935 First Avenue  
San Diego, CA 92103  
619-688-2290 (o)  
619-688-0753 (f)



# RYAN WHITE SPECIALTY POOLS HANDBOOK

## RYAN WHITE HIV/AIDS TREATMENT EXTENSION ACT SPECIALTY POOLS AUTHORIZATION REQUEST

All information must be completed and the form signed by both consumer and provider prior to authorization.  
Fax completed requests to (619) 718-9870. For assistance, call (619) 542-4308.

Consumer VILLA, Pancho Date of Birth 6-16-61 SSN 999-06-1661  
Last Name First Name MI

Gender: ☒ Male ☐ Female ☐ Transgender Mother's Maiden Name \_\_\_\_\_

Address 2290 Sweetwater Road National City Phone 619-616-6616

I, the above-named consumer, consent to the release of personal and medical information, including my HIV/AIDS status, to the Community Clinics Health Network (a subsidiary of the Council of Community Clinics), designated specialty providers and other agencies as required to verify my eligibility for Ryan White HIV/AIDS Treatment Extension Act services.

Consumer's Signature Pancho Villa Date \_\_\_\_\_

SPECIALTY PROGRAM POOL: ☐ Medical ☒ Home Health & Hospice

### REQUESTED SERVICE(S)

Medical Pool requests must include the CPT code(s); Home Health & Hospice Pool requests must specify the number of visits or hours by type of service.

CPT Code	Description	Authorization Number* (CCHN Use Only)
	<u>Skilled Nursing Visit</u>	
	<u>3 x week for 1 month</u>	

\*Authorization Numbers expire 90 days after the approval date. EXPIRATION DATE: \_\_\_\_\_

Working diagnosis for request: (ICD-9 Code/s) A1D, Diabetes PCP

Is this request HIV-related? ☒ Definitely ☐ Possibly\* ☐ Not related

What is the urgency for this service? ☐ Today ☐ Within 1 week ☒ Within 2 weeks ☐ Within 3-12 weeks\* ☐ Later\*

\*For requests that are 'Possibly' HIV-related or the urgency is greater than 2 weeks:

Has this request been approved by the requesting clinic's Utilization Review Committee? ☐ Yes ☐ No

Reviewer \_\_\_\_\_ Date \_\_\_\_\_

Explanation of relation to HIV Diabetes infections 3 x week, TMSQ, Needs teaching, frequent hospitalizations

Specialty Provider Recent Home Care Phone 858-299-4958 Fax \_\_\_\_\_

Address \_\_\_\_\_

Referring Primary Clinic San Ysidro Referring Physician Schapiro, MD

Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

I confirm that I have verified that the above named patient is eligible to receive services under the Ryan White Primary Care Program.

Signature of Clinic Staff Completing Form V. Sanchez Print Name & Title Care Manager

AUTHORIZATION STATUS ☐ Approved ☐ Denied ☐ 1 ☐ 2 ☐ 3

Date \_\_\_\_\_ Time \_\_\_\_\_ Staff \_\_\_\_\_

Community Clinics Health Network...P.O. Box 880969...San Diego, CA 92168-0969

Submit Claim within 60 days of date of service to this address.

## SHORT TERM MEDICATIONS

### The Short-Term Medication Pool HAS BEEN ELIMINATED

Clinic staff should refer first to the ADAP formulary and the San Diego County Medical Services (CMS) Formulary for a list of medications covered by the Ryan White Program.

The Primary Care Program covers all prescriptions for oral medications, creams, or gels not listed on the ADAP or CMS formularies. Pre-approval of these prescriptions through the Primary Care Program may be required.

See **page 41** of the Drug Formulary for the Drug Prior Authorization Request form used to request pre-approval (web link below)

Clinic staff are also encouraged to seek assistance through pharmaceutical compassionate use programs.

[www.sdcounty.ca.gov/hhsa/programs/ssp/documents/CMSDrugFormulary.pdf](http://www.sdcounty.ca.gov/hhsa/programs/ssp/documents/CMSDrugFormulary.pdf)





# **RYAN WHITE SPECIALTY POOLS HANDBOOK**

## **Practice Guidelines for the Primary Medical Care of Persons Living with HIV/AIDS**

### **Ryan White Treatment Modernization Act Part A, San Diego County**

In conjunction with Public Health Services guidelines and accepted community practices, the Standards of Care Committee recommends the following standards of care guidelines for patients enrolled in the Ryan White Program Primary Care Program for San Diego County. Assessments of the process of care will be based on the following recommended guidelines.

#### **Source Documents**

- 1) Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents: Panel on Clinical Practices for the Treatment of HIV Infection, October 10, 2006
- 2) Guidelines for the Prevention of Opportunistic Infections in Persons Infected with Human Immunodeficiency Virus: U.S. Public Health Services and Infectious Diseases Society of America, June 14, 2002
- 3) Prevention and Treatment of Tuberculosis among Patients Infected with Human Immunodeficiency Virus: Centers for Disease Control and Prevention, MMWR 1998 47/RR-20 October 1998
- 4) Acquired Rifamycin Resistance in Persons with Advanced HIV Disease Being Treated for Active Tuberculosis with Intermittent Rifamycin-Based Regimens: Centers for Disease Control and Prevention, MMWR 51(10), 214 – 215, March 2002
- 5) Guidance for STD Clinical Preventive Services for Persons Infected with HIV, Sexually Transmitted Diseases: 2006; 55/RR-11, August 4, 2006
- 6) Healthcare Provider's Role in Syphilis Control: Gail Bolan, M.D., Medical Board of California ACTION REPORT, p. 20, February 2003
- 7) Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the United States: Public Health Services Task Force, October 12, 2006
- 8) A Guide to the Clinical Care of Women: Edited by Jean R. Anderson, M.D. 2005 Edition produced and distributed by HRSA. Available online: <http://hab.hrsa.gov/publications/womencare05/>

# RYAN WHITE SPECIALTY POOLS HANDBOOK

- A. Antiretroviral therapy and opportunistic infection prophylaxis (primary and secondary) are recommended in accordance with the most recent US Public Health Service guidelines. Guidelines may have been updated since the versions listed above – current versions are available at <http://www.aidsinfo.nih.gov/guidelines/>
- B. Guidelines for staging and baseline evaluation, recommended to be completed within the first two visits
- 1) Complete history, to include at least the following:
    - a) *General background*
      - Ethnicity
      - Sex
      - Family history
      - Social history
      - Travel history
      - Pet contacts within last 12 months
    - b) *Current/lifetime sexual and drug use history – using standardized risk assessment instrument to include items such as the following:*
      - Sexually transmitted diseases history (including herpes) lifetime and for last 5 years
      - Assess whether in a monogamous relationship
      - Gender of sex partners
      - Number of partners in last 3 months
      - Partners HIV status
      - Injecting drug use, lifetime and last 5 years
      - Exposure sites—rectal, urethral, oral
      - Use of drugs with sexual activity
      - San Diego County Sexual Risk Assessment
      - Use of condoms
    - c) *HIV care history*
      - HIV status, including recent/historical CD4+ T cell count/viral load
      - Prior and current antiretroviral regimen
      - Resistance test results (if available)
      - Current prophylaxis
      - Prior HIV-related complications
      - CDC HIV stage
    - d) *General medical history*
      - Immunizations
      - Hepatitis history
      - Tuberculosis risk
      - Reproductive history (females) including parity, LMP, Method of Birth Control
      - Current allergies
      - Other current medications
      - Significant childhood illnesses
      - Other medical history
      - Mental Health histories, past/current problems, symptoms of depression, psych meds
  - 2) Review of symptoms and overall physical exam, including height, weight, temperature, blood pressure, pulse, respirations, general appearance, skin, HEENT, ophthalmoscopy, chest, cardiac, abdomen, rectum (and anoscopy if anorectal symptoms), pelvic (women), breasts, genitalia, extremities, lymph nodes, mental status, nervous system and reflexes
  - 3) Lab tests, including but not limited to:
    - Complete blood count with differential and platelet count
    - Chemistry panel including liver test and renal function
    - Glucose, cholesterol and triglyceride screening
    - T-cell subsets (quarterly)
    - HIV plasma RNA (quarterly)



# RYAN WHITE SPECIALTY POOLS HANDBOOK

- CMV IgG
- Syphilis serology (annually; see Section I.1 Periodicity of Selected Baseline History, Physical and Lab Tests)
- Gonorrhea (urine or urethral/endocervical amplification swab or culture) (annually; see Section I.1)
  - Periodicity of Selected Baseline History, Physical and Lab Tests)
  - Also rectal/pharyngeal culture if indicated by exposure or symptom history
- Chlamydia (urine or urethral/endocervical amplification swab) (annually)
- HSV-2 serology (recommended)
- Leukocyte esterase (LE) urine dipstick (men)
- Toxoplasma IgG
- Hepatitis A serology
- Hepatitis B surface antigen and core antibody, surface antibody at physician's discretion
- Hepatitis C antibody
- PPD (annually, unless already known to be infected with TB or documented anergy)
- Chest X-ray (PA and lateral) if history of TB exposure or pulmonary symptoms (as indicated)
- Pap smear (women) (every 6 – 12 months)
- Examination of vaginal fluid (microscopic wet mount or other methods) to identify trichomoniasis or bacterial vaginosis (every 6 – 12 months)
- Anal pap test (optional)

Evidence of any of above tests within the past 6 months is acceptable unless risk factors indicate value of a current test (i.e. STD testing)

- 4) Appropriate referrals, including but not limited to:
- Treatment adherence counseling
  - Ryan White CARE Act dental program (recommended annually)
  - Ophthalmologist if CD4 < 50 (recommended)
  - Case management (if eligible)
  - Medical nutrition therapy
  - Clinical trials
  - Mental health
  - Substance abuse

## C. Guidelines for use of plasma HIV RNA measurements

- 1) Patients may have 8 standard or ultrasensitive assays per year at provider's discretion. Provider must show justification for more than 8 per year.  
(Roche PCR standard measures 400 - 750,000 copies/mL; Beyer assay 75 - 500,000 copies/mL; ultrasensitive measures 50 - 75,000 copies/mL)
- 2) General indications for testing
  - a) Baseline evaluation for prognosis
  - b) Among patients not on antiretroviral therapy, every 3 – 4 months
  - c) Among patients starting antiretroviral therapy or changing an antiretroviral regimen, 2 – 8 weeks after regimen initiation or change
  - d) Among patients on an established antiretroviral regimen, every 3 – 4 months to detect maximal treatment effect and to assess for maintenance of response
- 3) Other indications
  - a) Discordant CD4+ T cell and viral load responses
  - b) Required addition or removal of medications that may impact antiretroviral bioavailability (e.g., rifabutin, anticonvulsants in protease inhibitor-treated patients)
  - c) Confirmation of rising HIV RNA level if a treatment change will be based on the value

It is recommended that all plasma RNA results be verified with a repeat determination before starting or making changes in therapy UNLESS there is other substantiating clinical or laboratory evidence supporting a therapy change.



# RYAN WHITE SPECIALTY POOLS HANDBOOK

## D) Guidelines for hyperlipidemia

- 1) Fasting lipid panel (HDL/LDL/total cholesterol/triglycerides) if non-fasting total cholesterol or triglycerides are abnormal at initial visit
- 2) It is recommended that fasting lipid panel be ordered/repeated within 6 weeks to 3 months of initiating protease inhibitor or NNRTI therapy, and at least once per year thereafter

## E) Guidelines for Immunization

- 1) Offered as soon as possible after initial evaluation at recommended doses
- 2) Viral loads should not be measured within three weeks of an immunization.
- 3) Pneumovax, influenza, tetanus, Hepatitis B (if not immune) and Hepatitis A (if not immune)
- 4) Influenza vaccine: recommended yearly with trivalent inactivated vaccine (live attenuated vaccine is contraindicated in HIV positive persons).
- 5) Hepatitis Vaccine:
  - a) Hepatitis B: recommended in persons with negative serology. Double dosing is now recommended to increase seroconversion (40ug) rates. For those patients who do not seroconvert after the first series, a second series is recommended. If these persons do not seroconvert, they are unlikely to respond to a third series.
  - b) Hepatitis A: Seroconversion rates are likely related to CD4 counts. The vaccine may be given in persons who are sero-negative however if there is no response and the CD4 counts are less than 500, persons can receive a repeat of series when CD4 counts are higher.
- 6) Pneumococcal: Recommended for all patients with a one-time repeat after 5 years.
- 7) Tetanus Vaccines: Recommended every 10 years. Recommend next booster contain pertussis booster (Tdap).
- 8) Live Vaccines (Live attenuated influenza vaccine, Varicella or Zoster vaccine, Vaccinia (small pox), Yellow Fever, Live Oral Polio, Measles\*, Typhoid) are contraindicated in persons with severe immunosuppression based on the persons age (per ACIP): CD4<750 for those younger than 12 months, <500 for ages 1-5, and <200 for those >6 years old.

\*Consider MMR in patients who are not severely immunosuppressed per above criteria and no history of OI or CD4<200 given recent outbreaks of measles.
- 9) Booster doses as recommended by CDC guidelines.

## F) Additional guidelines for Care of Women

- 1) Guidelines for Cervical Neoplasia (modified Algorithm 6 of AHCPR 94-0573)
  - a) Pap smear at baseline and again at six months if normal; normal Pap smears repeated in 12 months (6 months if patient has a history of human papilloma virus (HPV) or with previous Pap smears showing squamous intraepithelial lesion SILs)
  - b) Women with abnormal Pap smears or a history of an untreated abnormal Pap smear referred for colposcopy with minimum follow-up every 6 months
- 2) Annual mammograms initiated no later than age 40

## G) Guidelines for HIV Resistance Testing

- 1) A baseline genotype is recommended for antiretroviral naïve patients
  - a) Refer patients suspected of acquiring HIV in the last 12 months to the UCSD First Choice Program
- 2) Resistance testing for patients experiencing treatment failure
  - a) Viral load must be greater than the sensitivity threshold of the assay in use
  - b) On a stable antiretroviral regimen for at least 1 month prior to resistance testing
  - c) Potentially able to tolerate at least 2 antiretroviral medications patient is not currently taking



# RYAN WHITE SPECIALTY POOLS HANDBOOK

## d) Test selection guidelines

- Always consider a genotype as the first option
- For patients *without* a boosted protease inhibitor (PI) in the current treatment regimen experiencing a first treatment failure – order a genotype
- For patients *with* a boosted PI in the current treatment regimen experiencing a first treatment failure – provider discretion; consider a genotype as first option
- For all patients experiencing a second treatment failure or beyond – provider discretion; consider a genotype as first option

e) Patients are limited to one genotype and one phenotype, or one GT, annually

## 3) The following patients are not eligible for resistance testing:

- a) Patients with current non-adherence (e.g. failure to keep appointments or failure to obtain medication refills where this is known)
- b) Active alcohol or drug abuse that would, in the opinion of the physician, compromise active follow up or adherence to treatment regimen
- c) Life expectancy less than 6 months, or comfort care status

## H) Guidelines for Therapeutic Drug Monitoring

No guidelines other than PHS

## I) Guidelines for periodicity of selected baseline history, physical and lab tests

- 1) STDs: Repeat annually (gonorrhea, chlamydia, LE test [men]) or more frequently if behaviors indicate. Alternately, annual testing could be deferred based on sexual behavior.
  - Every 2 – 3 months for patients with very high-risk behavior (e.g. multiple anonymous partners; meeting partners in a bath house, sex club or via the internet; commercial sex workers)
- 2) Syphilis screening every 3-4 months (in conjunction with CD4 or viral load test)
- 3) Risk assessment: Sexual and drug use behavior assessment repeated every 3 to 6 months
- 4) For women, LMP, Method of Birth Control
- 5) Other exposures: Travel and pet exposure history annually

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## Change History:

Originally adopted by the HIV Health Services Planning Council in July 2000

Proposed changes adopted by the HIV Health Services Planning Council in May 2003

Proposed changes adopted by the HIV Health Services Planning Council in June 2004

Proposed changes adopted by the HIV Health Services Planning Council in September 2007

Incorporated references updated as necessary

Standards of Care Working Group participants who contributed to the revised document include:

Mary Caffery, RN, UCSD Title IV Program (Planning Council Member)

John Chau, MD, Comprehensive Health Center

Denise Gomez, MD, NCHS Oceanside

Chris Mathews, MD, UCSD Owen Clinic

Davey Smith, MD, UCSD Early Intervention Program (Planning Council Member)

Brian Woolford, MD, Ciaccio Memorial Clinic

September 26, 2007

# RYAN WHITE SPECIALTY POOLS HANDBOOK

## APPEAL PROCESS

**A Ryan White HIV & AIDS Treatment Extension Act clinic or specialty provider may appeal the decision by the Community Clinics Health Network (CCHN) when a request for authorization has been denied because the procedure/service does not appear to be HIV-related.**

CCHN will identify a qualified physician to conduct a review of denied requests that are appealed. The reviewing physician shall not be from the site appealing the denial. The reviewing physician shall be compensated on a fee-for-service basis from administrative funds. The fee is subject to negotiation. CCHN shall provide the reviewing physician with a standard form to respond to an appeal.

When a request for authorization is denied due to not being HIV-related, CCHN shall provide the following appeal process information to the clinic or specialty provider along with the denied request:

### **The requesting entity has a right to appeal CCHN's decision.**

1. An explanation with supporting documentation, research and/or other information that supports the HIV relatedness must be provided to the reviewing physician. (The physician's name, address, telephone number, fax number and email address will be provided by CCHN.) The requesting clinic or specialty provider must provide their contact information including telephone number of requesting professional, fax number and mailing address. Copies of all documentation, research or other information must also be provided to CCHN. To expedite the process, it is recommended that all materials be faxed or emailed at the same time.
2. Within one business day of receipt of all materials (explanations, documents, etc.), the reviewing physician will render a decision. In some cases the reviewing physician may contact the requesting professional to obtain additional information. The decision with supporting reason(s) shall be documented on the form provided by CCHN to the reviewing physician. The completed form must be faxed by the reviewing physician to the requesting entity and to CCHN. Once CCHN has received the completed form, it will contact the requesting entity to confirm the result of the appeal.
3. The decision reached by the reviewing physician is final. Both the requesting entity (clinic or specialty provider) and CCHN will abide by the decision. Should the appeal be approved, CCHN will immediately issue authorization number(s) to approve the requested procedure/service(s).

**It is anticipated that the average appeal process will take 2 business days or less.**



# RYAN WHITE SPECIALTY POOLS HANDBOOK

## COMPLAINT PROCESS

To assure the timely delivery of quality services, to comply with San Diego County contractual provisions, and to support community norms and professional standards, the Ryan White Specialty Pools shall provide its consumers (clinic personnel, specialty provider personnel, case managers, billing agents and others) an opportunity to grieve and achieve resolution of a service delivery complaint.

**This applies to all aspects of the Specialty Pools' authorization and claim processing procedures.**

### **To Initiate a Complaint, Contact the Authorizations/Claims Processor**

*Include your name and contact information, the date and time of the event about which you are making a complaint, details of the event and your desired resolution, if any.*

**619-542-4308**

**[crelac@ccc-sd.org](mailto:crelac@ccc-sd.org)**

**Community Clinics Health Network  
Attn: RW Authorizations/Claims Processor  
P.O. Box 880969  
San Diego, CA 92168-0969**

As an alternative, you may contact the Director of Programs with your complaint at 619-542-4342 or [nhoward@ccc-sd.org](mailto:nhoward@ccc-sd.org) or Council of Community Clinics, Director of Programs, P.O. Box 880969, San Diego, CA 92168-0969. You may submit written statements and/or documentation at any time during the complaint process.

The Authorization/Claims Processor (or Director of Programs) shall make every effort to resolve your complaint within 3 business days. If your complaint cannot be resolved within 3 business days, you will be offered the option to have the complaint proceed up the Council of Community Clinic's (CCC) chain of command. At each level, if your complaint is not resolved within three business days, you will be offered the option to proceed to the next level.

At whichever step resolution is reached, the Authorization/Claims Processor (or Director of Programs) shall send a written notice of the resolution to you.

*The above timeframe for complaint resolution may be extended due to personnel being away from the office. In the case that someone is expected to be away for more than 5 business days, the complaint will automatically go to the next level in the procedure above.*

**FORMS  
&  
HANDOUTS**



## RYAN WHITE SPECIALTY POOLS HANDBOOK

# Council of Community Clinics

### 2012 Holiday Schedule

<b>Holiday</b>	<b>Day Observed by CCC</b>
New Year's Day (Sunday, January 1)	Friday, December 30
Presidents' Day	Monday, February 20
Memorial Day	Monday, May 28
Independence Day	Wednesday, July 4
Labor Day	Monday, September 5
Thanksgiving Day	Thursday, November 22
Day after Thanksgiving	Friday, November 23
Christmas Eve Holiday	Monday, December 24
Christmas Day Holiday	Tuesday, December 25
End of Year Shut-Down	Wed.- Fri., December 26-28
New Year's Eve Holiday	Monday, December 31
2013 - New Year's Day Holiday	Tuesday, January 1



Please Call 619.542.4308 for Current Schedule

# Ryan White HIV & AIDS Treatment Extension Act Specialty Pools

*Funded by the Health Resources and Services Administration (HRSA)  
through the County of San Diego, Health and Human Service Agency*

## Overview

The Community Clinics Health Network (CCHN) contracts with the San Diego County Health & Human Services Agency HIV STD & Hepatitis Branch to administer the Ryan White HIV/AIDS Treatment Extension Act Specialty Pools. The RW Specialty Pools were developed to provide specialty care services to HIV-positive individuals who have no other source to cover expenses for these services. Services are available from the following three pools:

### **Medical Specialty Pool**

Covers medically necessary, HIV-related, diagnostic, consultative and therapeutic outpatient services

### **Dental Specialty Pool**

Covers limited dental specialty services

### **Home Health/Home Hospice Pool**

Covers HIV-related home health care services, including end-of-life care

*\*\*See limitations to Specialty Pool services on the second page.*

## Eligibility

Clients who have been screened at the Primary Care clinic and determined to be eligible for RW Primary Care services are eligible for RW Specialty Pools services. Clients must be HIV positive and in general have no other coverage that could pay for the services. Clients who are not RW-eligible because of other coverage may apply to the Specialty Pools for a specific service not covered by the client's primary insurance. Requests for such service, not covered by the client's insurance, should be submitted on the standard form. These requests will be considered on a case by case basis.

## Procedure

1. Identify specialty service needs of an eligible client.
2. Select a specialist/provider from the list of participating specialists, pharmacies or agencies (list is provided by CCHN).
3. Complete the appropriate **Ryan White HIV/AIDS Treatment Extension Act / Specialty Program Authorization Request** form making sure all items are completed especially consumer's signature, CPT or CDT codes with description, diagnosis, justification, specialty provider information and referring clinic information (authorization request form is provided by CCHN). Requests may be submitted by RW Primary Care Clinic staff, case managers or specialty providers.
4. Fax the completed authorization request form to CCHN at 619-718-9870.
5. CCHN will approve, deny or request more information within 2 business days, and fax the authorization request form back to the referring clinic.



6. If approved, proceed with scheduling an appointment with the specialty provider. CCHN will provide an authorization number on the approved authorization request form. It is your responsibility to fax (or transmit by other means) the approved request form with authorization number to the specialty provider.
7. Approved requests for services are good for 90 days from the date of authorization (the date the approved authorization request form is signed by CCHN staff). Services must be provided within this timeframe.
8. After services are delivered the specialty provider will mail a claim with correct authorization number on it to: Claims Department, Community Clinics Health Network, P.O. Box 880969, San Diego, CA 92168-0969. Claims must be submitted within 60 days of the date of service.
9. CCHN processes the claim and mails payment to the specialty provider.

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## Limitations

The Specialty Pools, in general, do not cover any in-patient, emergency, cosmetic, experimental or primary care services.

Also, there are restrictions by pool as follows:

### Dental Pool

- Specialty Pool services are limited to specific oral surgery procedures. See the Ryan White Specialty Pools handbook for a list of the covered dental specialty services.
- The following services are NOT covered: implants, crown lengthening, fixed partial denture (bridge), guided tissue regeneration, and soft tissue graft.

### Home Health/Home Hospice Pool

- Length and amount of services should be determined by an assessment done by an intake nurse or other authorized staff at the home health/home hospice agency and coordinated with the referring party (usually the patient's case manager).
- Authorizations are issued to cover one month at a time.
- Infusion services done in home are covered. The medication is included if not covered by another funding source. Infusion services done in a clinical setting are also allowed, but should be covered by the Medical Specialty Pool.
- Durable medical equipment (DME), such as a cane or walker, is allowed. Also supplies, such as for colostomy care, are allowed if obtained from a supplier of DME. Other non-DME is not allowed.
- Requests should not exceed a total of \$2,500 per month.

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## Other

Refer to the Ryan White Primary Care Provider Program Handbook available from United Healthcare for information on obtaining medications, including short term medications.

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## Questions

Please refer to the Ryan White Specialty Pools (Clinic) Handbook for more information or contact the Community Clinics Health Network, Ryan White Specialty Pools at 619-542-4308.

**RYAN WHITE HIV/AIDS TREATMENT EXTENSION ACT  
SPECIALTY POOLS AUTHORIZATION REQUEST**

*All information must be completed and the form signed by both consumer and provider prior to authorization.  
Fax completed requests to (619) 718-9870 . For assistance, call (619) 542-4308.*

Consumer \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_  
Last Name First Name MI

Gender: ☐ Male ☐ Female ☐ Transgender Mother's Maiden Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

*I, the above-named consumer, consent to the release of personal and medical information, including my HIV/AIDS status, to the Community Clinics Health Network (a subsidiary of the Council of Community Clinics), designated specialty providers and other agencies as required to verify my eligibility for Ryan White HIV/AIDS Treatment Extension Act services.*

Consumer's Signature \_\_\_\_\_ Date \_\_\_\_\_

SPECIALTY PROGRAM POOL: ☐ Medical ☐ Home Health & Hospice

**REQUESTED SERVICE(S)**

Medical Pool requests must include the CPT code(s); Home Health & Hospice Pool requests must specify the number of visits or hours by type of service.

CPT Code	Description	Authorization Number* (CCHN Use Only)

\*Authorization Numbers expire 90 days after the approval date. EXPIRATION DATE: \_\_\_\_\_

Working diagnosis for request: (ICD-9 Code/s) \_\_\_\_\_

Is this request HIV-related? ☐ Definitely ☐ Possibly\* ☐ Not related

What is the urgency for this service? ☐ Today ☐ Within 1 week ☐ Within 2 weeks ☐ Within 3-12 weeks\* ☐ Later\*

*\*For requests that are 'Possibly' HIV-related or the urgency is greater than 2 weeks:*

Has this request been approved by the requesting clinic's Utilization Review Committee? ☐ Yes ☐ No

Reviewer \_\_\_\_\_ Date \_\_\_\_\_

Explanation of relation to HIV \_\_\_\_\_

Specialty Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

Referring Primary Clinic \_\_\_\_\_ Referring Physician \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

*I confirm that I have verified that the above named patient is eligible to receive services under the Ryan White Primary Care Program.*

Signature of Clinic Staff Completing Form \_\_\_\_\_ Print Name & Title \_\_\_\_\_

AUTHORIZATION STATUS ☐ Approved ☐ Denied ☐ 1 ☐ 2 ☐ 3

Date \_\_\_\_\_ Time \_\_\_\_\_ Staff \_\_\_\_\_

CCHN P.O. Box 880969 San Diego, CA 92168-0969 Submit Claim within 60 days of date of service to this address.



**RYAN WHITE HIV/AIDS TREATMENT EXTENSION ACT  
AUTHORIZATION REQUEST**

**DENTAL SPECIALTY POOL**

*All information must be completed and the form signed by both consumer and provider prior to authorization.  
Fax completed requests to (619) 718-9870 . For assistance, call (619) 542-4308.*

Consumer \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_  
Last Name First Name MI

Gender: ☐ Male ☐ Female ☐ Transgender Mother's Maiden Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

*I, the above-named consumer, consent to the release of personal and medical information, including my HIV/AIDS status, to the Community Clinics Health Network (a subsidiary of the Council of Community Clinics), designated specialty providers and other agencies as required to verify my eligibility for Ryan White HIV/AIDS Treatment Extension Act services.*

Consumer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**REQUESTED DENTAL SPECIALTY SERVICE(S)** – Dental Pool requests **must** include the CDT code(s) and must have tooth number(s) where indicated

CDT Code	Description	Authorization Number* (CCHN Use Only)

\*Authorization Numbers expire 90 days after the approval date. EXPIRATION DATE: \_\_\_\_\_

EXPLANATION OF NEED \_\_\_\_\_

Specialty Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

Referring Primary Clinic \_\_\_\_\_ Referring Dentist \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

*I confirm that I have verified that the above named patient is eligible to receive services under the Ryan White Primary Care Program.*

Signature of Clinic Staff Completing Form \_\_\_\_\_ Print Name & Title \_\_\_\_\_

AUTHORIZATION STATUS ☐ Approved ☐ Denied ☐ 1 ☐ 2 ☐ 3

Date \_\_\_\_\_ Time \_\_\_\_\_ Staff \_\_\_\_\_

Community Clinics Health Network P.O. Box 880969 San Diego, CA 92168-0969  
Submit Claim within 60 days of date of service to this address.

Ryan White Specialty Pools  
**APPEAL OF DENIED SERVICE FORM**

Name of Patient

DOB

Name of Requesting Professional

Title

Name of Clinic / Organization

Street Address, City, Zip Code

Telephone

Fax

Email

**DENIED SERVICE**

CPT or CDT Code(s) \_\_\_\_\_

Description of Service \_\_\_\_\_

Working Diagnosis \_\_\_\_\_

Medical Justification \_\_\_\_\_

Supporting Documentation and/or X-Rays Attached? \_\_\_\_\_ YES \_\_\_\_\_ NO





Ryan White Specialty Pools  
**APPEAL OF DENIED SERVICE FORM**

**Reviewer**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Street Address, City, Zip Code**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Fax**

\_\_\_\_\_  
**Email**

**DECISION**

\_\_\_\_\_ **Overturn and Approve Authorization**

\_\_\_\_\_ **Uphold Denial**

**Rationale** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Reviewer**

\_\_\_\_\_  
**Date**





## **Administrative Contractor**

**Community Clinics Health Network**

**Authorizations/Claims Processor**

**P.O. Box 880969**

**San Diego, CA 92168-0969**

**619-542-4308**

**619-718-9870 (FAX)**

**[www.cchealthnetwork.org](http://www.cchealthnetwork.org)**

*Administrator Contractor*



**COMMUNITY CLINICS  
HEALTH NETWORK**  
A Service Organization

*Subsidiary of*



**COUNCIL OF  
COMMUNITY CLINICS**

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through the County of San Diego, Health and Human Services Agency